



Attorneys Serving the Community
benefiting The Bridge Breast Network

MEMBERSHIP REGISTRATION
2021-2022



ASC welcomes all women attorneys (whether or not currently practicing), judges and law students as members.

Return this form to:

Laura Jane Durfee
Jones Day
2727 N. Harwood
Dallas, TX 75201
ASCDallasMembership@gmail.com

Contact Membership Committee Chairs with questions:

Jeanne Selzer: (817) 721-3731 or jeanneselzer@gmail.com
Laura Jane Durfee (214) 969-5150 or ldurfee@jonesday.com
Follow ASC on Twitter at @AscAttys

Member Name: \_\_\_\_\_
(exactly as it should be listed in the luncheon program)

Firm/Company/Court/Law School: \_\_\_\_\_
(exactly as it should be listed in the luncheon program)

Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Twitter Username (optional): \_\_\_\_\_

Briefly describe your practice for our referral list: \_\_\_\_\_

\_\_\_\_\_

Membership Level: (Please check one. Remember that your contribution is tax deductible.)

\_\_\_ Leadership Gold (\$500.00) \_\_\_ Leadership (\$250.00) \_\_\_ Sustaining (\$150.00)

\_\_\_ General (\$75.00) \_\_\_ Judge (\$50.00) \_\_\_ Student (\$35.00)

\_\_\_ Returning Member \_\_\_ New Member: How did you hear about ASC? \_\_\_\_\_

Payment:

\_\_\_ My check (# \_\_\_\_\_) is attached. (Make check payable to Bridge Breast Network — NOT to ASC. Please note "ASC Membership" in the comment area of the check.)

\_\_\_ I authorize payment now by (please circle one) MasterCard Visa American Express

Card Number: \_\_\_\_\_ Code: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\_\_\_ I paid my dues on North Texas Giving Day on September 23, 2021 (Submit this form and a copy of your receipt as directed above.)

By returning this Membership Registration Form to ASC, you agree that your name, address, e-mail and telephone number may be provided to current or past ASC beneficiaries and to others for ASC purposes. Any concerns about the use of this information should be addressed to the Membership Chairs.

E-Mail: (please check if applicable) \_\_\_ I do not want to be added to the beneficiary's e-mail list.